

Important:
When filling out forms on the computer, use only the tab key to move your cursor - do not use the return

key.

Massachusetts Department of Environmental Protection Bureau of Resource Protection - Wetlands

New Bedford City/Town

WPA Form 1- Request for Determination of Applicability

Massachusetts Wetlands Protection Act M.G.L. c. 131, §40

A. General Information

	OUTER HARBOR LLC		MICHEINC. COM
Na	OUTER HARBOR LLC ime 57 COVE STREET	E-Mail Address	
Ma	3 / Covic Street		
	NEW BEDFURD	MA	02744
	y/Town	State	Zip Code
Ph	508 - \$90 - 4200 one Number	Fax Number (if	applicable)
		•	,
L	epresentative (if any):		
Fir			
Co	ntact Name	E-Mail Address	
00	medi Name	E-Wall Madicas	
Ma	illing Address		
Cit	y/Town	State	Zip Code
Ph	one Number	Fax Number (if a	applicable)
		•	· · · · · · · · · · · · · · · · · · ·
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ט	eterminations		
l r		determination(s)	. Check any that apply:
	Conservation Commission		
	 a. whether the area depicted on plan(s) and/or map(s) ref jurisdiction of the Wetlands Protection Act. 	terenced below is	an area subject to
	jurisdiction of the Wetlands Protection Act. b. whether the boundaries of resource area(s) depicted of	on plan(s) and/or	map(s) referenced
	jurisdiction of the Wetlands Protection Act. b. whether the boundaries of resource area(s) depicted of below are accurately delineated.	on plan(s) and/or	map(s) referenced Vetlands Protection Act
	jurisdiction of the Wetlands Protection Act. b. whether the boundaries of resource area(s) depicted of below are accurately delineated. c. whether the work depicted on plan(s) referenced below d. whether the area and/or work depicted on plan(s) referenced.	on plan(s) and/or	map(s) referenced Vetlands Protection Act



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C. Project Description

1.	. a. Project Location (use maps and plans to identify the location of the	area subject to this request):			
	21 COVE STREET NEW 8	EDFORD			
	Street Address City/Town				
	Assessors Map/Plat Number Parcel/Lot Number	er			
	b. Area Description (use additional paper, if necessary):				
	2 STORY MILL BUILDING IN AN INOVS				
	BETWEEN COVE STREET AND GIFFORD STR	iert.			
	c. Plan and/or Map Reference(s):	/ 1			
	ATTACHED AGRICL PHOTO	1/27/14			
	Title	Date			
	Title	Date			
	Title	Date			
2.	a. Work Description (use additional paper and/or provide plan(s) of work, if necessary):				
	DEMOLITION OF BUILDING LOCATED AT 21	COVE			
		- U-CANE			
	STREET AND FILLING BASEMENT TO EXIST	1474 04442 6			
	···				



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C. Pro	ject Des	cription ((cont.)
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	NOT WITHIN 100' OF HARBOR
a. R	. If this application is a Request for Determination of Scope of Alternatives for work in the iverfront Area, indicate the one classification below that best describes the project.
	Single family house on a lot recorded on or before 8/1/96
	Single family house on a lot recorded after 8/1/96
	Expansion of an existing structure on a lot recorded after 8/1/96
	Project, other than a single family house or public project, where the applicant owned the lot before 8/7/96
	New agriculture or aquaculture project
	Public project where funds were appropriated prior to 8/7/96
	Project on a lot shown on an approved, definitive subdivision plan where there is a recorded de restriction limiting total alteration of the Riverfront Area for the entire subdivision
S	Residential subdivision; institutional, industrial, or commercial project
	Municipal project
Γ	District, county, state, or federal government project
	Project required to evaluate off-site alternatives in more than one municipality in an Environmental Impact Report under MEPA or in an alternatives analysis pursuant to an application for a 404 permit from the U.S. Army Corps of Engineers or 401 Water Quality Certification from the Department of Environmental Protection.
b. al	Provide evidence (e.g., record of date subdivision lot was recorded) supporting the classification ove (use additional paper and/or attach appropriate documents, if necessary.)
	ASSESSOR'S FIELD CARD ATTACHED



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D. Signatures and Submittal Requirements

I hereby certify under the penalties of perjury that the foregoing Request for Determination of Applicability and accompanying plans, documents, and supporting data are true and complete to the best of my knowledge.

I further certify that the property owner, if different from the applicant, and the appropriate DEP Regional Office were sent a complete copy of this Request (including all appropriate documentation) simultaneously with the submittal of this Request to the Conservation Commission.

Failure by the applicant to send copies in a timely manner may result in dismissal of the Request for Determination of Applicability.

Name and address of the property owner:	
ROLAND LETENORE	
Name 57 COVE STREET	
Mailing Address NEW BEDFORD	
City/Town ✓১	02744
State	Zip Code
Signatures: I also understand that notification of this Request w in accordance with Section 10.05(3)(b)(1) of the We	ill be placed in a local newspaper at my expense tlands Protection Act regulations.
Signature of Applicant	1/28/14 Date
Signature of Applicant	1/28/14 Date